

STATE OF IDAHO

REQUEST FOR APPROVAL—OUT-OF-STATE TRAVEL



FROM: _____ DATE: _____
 Name of Traveler

TO: _____
 Name of Supervisor

SUBJECT: OUT-OF-STATE TRAVEL TO: _____ and return.

1. Conference, workshop, meeting, etc. to be attended (attach agendas, training outlines, etc.):

2. Number of Other Department Employees attending (if known): _____

3. Justification for Attendance: (e.g., what is the expected value to the State?): _____

4. Meeting or Conference Dates: _____

5. Date of Departure _____ Date of Return _____

6. Means of Transportation: _____

7. ESTIMATED COST OF TRAVEL:

 Transportation: _____

 Per Diem: _____

 Registration: _____

 Lodging: _____

 Miscellaneous: _____

TOTAL: \$ =====

8. Approved by:

 Supervisor

 Date

 Director or Deputy Director

 Date

Routing:

- Forward copy to Supervisor
- Supervisor to Director or Deputy Director
- Director or Deputy Director to Traveler
- Attach copy to travel form